City of Keithsburg
Complaint Form

Date: _____

Name of individual(s) and/or Address regarding your complaint:

_____

Explain in *Detail* the nature of your complaint: _____

_____

_____

_____

_____

_____

_____

Contact Information:

Name: _____

Address: _____

P.O. Box: _____

Phone: _____

_____

Signature (required)

_____

Date

The complaint will not be addressed without your signature

You can return the complaint form to City Hall at 302 S 14th Street and/or put it in the Drop Box
Mail it to: City of Keithsburg, PO Box 87, Keithsburg, IL 61442-0087
or hand it into one of the Council Members